									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2003									020494A 04520				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	;	5				Г	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ē	BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•		Ī	XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			A minus 3 =		•		ł	X43=		OR	X86=	·	
MULTIPLE DEPENDENT CLAIM PRESENT						ŀ	+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	+	OR	TOTAL	-7:70	
CLAIMS AS AMENDED - PART II										J - · ·	OTHER		
_	(Column 1) (Column 2) (Column Column Claims Highest						- 1	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 5	Minus	-2	<u>() </u>	= /		X\$ 9=		OR	X\$18=	/	
AME	Independent	NTATION OF MI	Minus	PENIDENIT	CLAMA	S = /		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
· ·								TOTAL	-	OR	TOTAL		
		(Column 1)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		2		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	0. 404			X43=		OR	X86=		
	FINST PRESE	NTATION OF ML	LIPLE DE	PENDENT	CLAIM		Ţ	+145=		OR	.+290=		
							AD	TOTAL DIT. FEE		OR,	TOTAL ODIT. FEE		
(Column 1) (Column 2) (Column 3)												.	
AMENDMENT C	.`	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT - EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	5	(\$ 9=		OR	X\$18=		
ME [Independent	•	Minus	***		•	\vdash			.	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE OR +290= TOTAL OR ADDIT FEE													
	the "Highest Nur	mber Previously Pa mber Previously Paid ber Previously Paid	id For IN THI	S SPACE is	less that	n 3, enter "3."		in the ap			DOIT. FEE		

FORM PTO-875 (Rev. 10/03)

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